

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9	1✓					
10						
11						
12						
13						
14						
15						
16						
17	1✓					
18						
19						
20						
21						
22						
23						
24						
25	1✓					
26						
27	1✓					
28						
29						
30						
31						
32						
33						
34						
35	1✓					
36						
37						
38						
39						
40						
41						
42						
43	1✓					
44						
45						
46						
47	1✓					
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54	1✓					
55						
56						
57						
58						
59						
60						
61						
62	1✓					
63						
64						
65						
66						
67	1					
68						
69						
70	1					
71						
72	1					
73		6✓				
74		6✓				
75		6✓				
76		6✓				
77		6✓				
78		6✓				
79		6✓				
80		6✓				
81		6✓				
82		6✓				
83		6✓				
84	1					
85						
86						
87						
88						
89						
90						
91						
92						
93						
94	1					
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						